



E000765

TELEGRAPHIC MESSAGE

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| NAME OF AGENCY DHEW/PHS/HSMIA/Regional Medical Programs Service | | PRECEDENCE ACTION: INFO: | SECURITY CLASSIFICATION |
| ACCOUNTING CLASSIFICATION 3-3971015 75-30321 23.6J | | DATE PREPARED 4/4/73 | TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS |
| FOR INFORMATION CALL | | | |
| NAME Mrs. Sarah J. Silsbee (Writer) | | PHONE NUMBER x31580 | |
| THIS SPACE FOR USE OF COMMUNICATION UNIT | | | |
| MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) | | | |
| TO: THEODORE D. LAMPTON, M.D. COORDINATOR MISSISSIPPI REGIONAL MEDICAL PROGRAM 880 LAKE LAND DRIVE JACKSON, MISSISSIPPI 39216 | | TO: ROBERT E. BLOUNT, M.D. DEAN AND DIRECTOR UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MISSISSIPPI 39216 | |
| TO: THEODA GRIFFITH PROGRAM DIRECTOR, RMP OFFICE OF THE REGIONAL HEALTH DIRECTOR DHEW REGION IV 50 SEVENTH STREET, N.E., RM 423 ATLANTA, GEORGIA 30323 | | | |
| <p>THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPS OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE MISSISSIPPI REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:</p> <ol style="list-style-type: none">1. THE TERMINATION DATE FOR MISSISSIPPI REGIONAL MEDICAL PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS GRANT FUNDS MAY BE EXPENDED.2. THE APPROVED DIRECT COST LEVEL IS NOW \$1,320,826 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE | | | |
| | | SECURITY CLASSIFICATION | |
| PAGE NO. 1 | | NO. OF PGS. 4 | |

GRAPHIC MESSAGE

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

ISSUED FOR THE NEW APPROVED BUDGET PERIOD NOVEMBER 1, 1972
THROUGH FEBRUARY 14, 1974.

3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE
PROGRAMMATIC ACTIVITIES LISTED BELOW:

NUMBER

TITLE

- | | |
|-----|---|
| 33 | PRECEPTOR TRAINING - BLACK MEDICAL & DENTAL STUDENTS |
| 13 | EMERGENCY NURSING IN CRITICAL ILLNESS |
| 17A | RENAL DISEASE TRAINING DIALYSIS CENTERS |
| 17B | RENAL DISEASE TRAINING DIALYSIS TRANSPLANTATION |
| 21 | REGIONAL CANCER PROGRAM |
| 26 | REGIONAL RURAL MATERNAL INFANT CARE |
| 27 | STROKE REHABILITATION SYSTEM |
| 34 | PATIENT & STAFF EDUCATION SELECTED CHRONIC DISEASES |
| 35 | CONTINUING EDUCATION HEALTH PROVIDER USE |

ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY
CONTRACTED, MUST BE TERMINATED BETWEEN NOW
AND JUNE 30.

SECURITY CLASSIFICATION

PAGE NO.

NO. OF PGS.

2

4

GRAPHIC MESSAGE

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.
5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSEOUT REQUIREMENTS BY FEBRUARY 14, 1974.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM

SECURITY CLASSIFICATION

PAGE NO.

3

NO. OF PGS.

4

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD
NOTICE.

HAROLD MARGULIES, M.D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS SERVICE

SECURITY CLASSIFICATION

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| PAGE NO. | NO. OF PGS. |
| 4 | 4 |